

Information on Amebiasis



What is amebiasis?

Amebiasis is a disease caused by a one-celled parasite called *Entamoeba histolytica* (ent-a-ME-ba his-to-LI-ti-ka).

Who is at risk for amebiasis?

Although anyone can have this disease, it is most common in people who live in developing countries that have poor sanitary conditions. In the United States, amebiasis is most often found in immigrants from developing countries. It also is found in people who have traveled to developing countries and in people who live in institutions that have poor sanitary conditions. Men who have sex with men can become infected and can get sick from the infection, but they often do not have symptoms.

How can I become infected with *E. histolytica*?

- By putting anything into your mouth that has touched the stool of a person who is infected with *E. histolytica*.
- By swallowing something, such as water or food, that is contaminated with *E. histolytica*.
- By touching and bringing to your mouth cysts (eggs) picked up from surfaces that are contaminated with *E. histolytica*.

What are the symptoms of amebiasis?

On average, about one in 10 people who are infected with *E. histolytica* becomes sick from the infection. The symptoms often are quite mild and can include loose stools, stomach pain, and stomach cramping. Amebic dysentery is a severe form of amebiasis associated with stomach pain, bloody stools, and fever. Rarely, *E. histolytica* invades the liver and forms an abscess. Even less commonly, it spreads to other parts of the body, such as the lungs or brain.

If I swallowed *E. histolytica*, how quickly would I become sick?

Usually 1 to 4 weeks later but sometimes more quickly or more slowly.

What should I do if I think I have amebiasis?

See your health care provider.

How is amebiasis diagnosed?

Your health care provider will ask you to submit stool samples. Because *E. histolytica* is not always found in every stool sample, you may be asked to submit several stool samples from several different days.

Diagnosis of amebiasis can be very difficult. One problem is that other parasites and cells can look very similar to *E. histolytica* when seen under a microscope.

A blood test is also available. However, the test is recommended only when your health care provider thinks that your infection has invaded the wall of the intestine (gut) or some other organ of your body, such as the liver. One problem is that the blood test may still be positive if you had amebiasis in the past, even if you are no longer infected now.

How is amebiasis treated?

Several antibiotics are available to treat amebiasis. Treatment must be prescribed by a physician. You will be treated with only one antibiotic if your *E. histolytica* infection has **not** made you sick. You probably will be treated with two antibiotics (first one and then the other) if your infection **has** made you sick.

I am going to travel to a country that has poor sanitary conditions. What should I eat and drink there so I will NOT become infected with *E. histolytica* or other such germs?

Drink only bottled or boiled (for 1 minute) water or carbonated (bubbly) drinks in cans or bottles. Do **not** drink fountain drinks or any drinks with ice cubes. Another way to make water safe is by filtering it through an "absolute 1 micron or less" filter **and** dissolving iodine tablets in the filtered water. "Absolute 1 micron" filters can be found in camping/outdoor supply stores.

Do **not** eat fresh fruit or vegetables that you did not peel yourself.

Do **not** eat or drink milk, cheese, or dairy products that may not have been pasteurized.

Do **not** eat or drink anything sold by street vendors.

Should I be concerned about spreading infection to the rest of my household?

Yes. However, the risk of spreading infection is low if the infected person is treated with antibiotics and practices good personal hygiene. This includes thorough hand washing with soap and water after using the toilet, after changing diapers, and before handling food.

Source: Center's for Disease Prevention and Control, June 19, 2006

If you have additional questions, please call your doctor or local health department.

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